

# Priority Topic: HEART FAILURE

## Key Features:

### A long but thorough reference:

2017 Comprehensive Update of the Canadian Cardiovascular Society Guidelines for the Management of Heart Failure

### Another long but thorough reference:

Guideline for the Management of Heart Failure ACCF/AHA 2013

1. In patients with newly diagnosed heart failure, determine the underlying cause, as treatment will differ.

### What you should study:

- ✓ Pages e157-e161: Guideline for the Management of Heart Failure ACCF/AHA 2013
- ✓ Cardiomyopathy diagnosis + screening AAFP 2017

2. In an older patient presenting with fatigue, include heart failure in your differential diagnosis.

3. In a patient with symptoms suggestive of heart failure and a normal ejection fraction, do not exclude this diagnosis.

### What you should study:

- ✓ L'insuffisance cardiaque à fraction d'éjection préservée : Le côté sombre de la force! – Le Médecin du Québec 2020

4. In patients with [heart failure](#), [periodically assess functional impairment using validated tools](#) (e.g. New York Heart Association class, activities of daily living).

### **What you should study:**

- ✓ [NYHA and other classifications of cardiovascular disability chart](#)

5. To guide your [management](#) of a patient with an [exacerbation of heart failure](#) :

- a) Identify possible [triggers](#) (e.g. infection, arrhythmia, adherence, diet, ischemia).
- b) Consider [comorbid conditions](#) (e.g. renal failure).

### **What you should study:**

- ✓ **Comorbidities discussed on pages e200 to e203:** [Guideline for the Management of Heart Failure ACCF/AHA 2013](#)
- ✓ **Comorbidities discussed on pages 1389 to 1400:** [2017 Comprehensive Update of the Canadian Cardiovascular Society Guidelines for the Management of Heart Failure](#)

6. When [treating](#) heart failure:

- a) Identify the [type](#) of heart failure (e.g. systolic, diastolic) because the [treatment is different](#) .
- b) [Appropriately prescribe](#) medications to [reduce mortality](#) as well as [treat](#) the [symptoms](#) of [congestive failure](#) (e.g. diuretics, beta-blockers, ACE inhibitors, digoxin).

## **What you should study:**

- ✓ Management of Heart Failure AAFP 2014
- ✓ **Treatment discussed on pages e168 to e192:** [Guideline for the Management of Heart Failure ACCF/AHA 2013](#)
- ✓ **Treatment discussed on pages 1355 to 1389:** [2017 Comprehensive Update of the Canadian Cardiovascular Society Guidelines for the Management of Heart Failure](#)
- ✓ [L'insuffisance cardiaque à fraction d'éjection préservée : Le côté sombre de la force! – Le Médecin du Québec 2020](#)
- ✓ [L'insuffisance cardiaque à fraction d'éjection réduite : La clé du succès – Le Médecin du Québec 2020](#)

7. For patient with [heart failure](#), ensure you offer [patient education](#) and [self-monitoring](#), such as routine self-weighing, healthy diet, medication adherence, smoking cessation, and exercise, to [minimize exacerbations](#).

## **What you should study:**

- ✓ [Living with heart failure Heart & Stroke 2018](#)

8. In a patient with [heart failure](#), recognize [non-sustained response](#) to treatment as an [indicator of worsening prognosis](#).

## **What you should study:**

- ✓ [Heart Failure Risk Calculator](#)

9. In a patient with [heart failure](#) and a [progressively deteriorating clinical course](#) :
- a) Provide a [realistic prognosis](#) to patients and families.
  - b) Introduce [palliative care principles](#) when appropriate for the patient.

***What you should study:***

- ✓ **Palliative Care discussed on page e207:** [Guideline for the Management of Heart Failure ACCF/AHA 2013](#)